

MHN

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

7-31-2009

JUL 31 2009 *aw*

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

JOHN ADKISSON

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

EP

FILED

AUGUST 11, 2009

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

vs.

09 C 4660  
Judge John W. Darrah  
Magistrate Judge Geraldine Soat Brown

C/O TEDESCO

Tom Darrah (C-count Sheriff)

TOO Stanger (Board President)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

\_\_\_\_\_

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

\_\_\_\_\_

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: JOHN ADKISSON
- B. List all aliases: Mrs Helen Wren
- C. Prisoner identification number: 20090015666
- D. Place of present confinement: COOK - County Jail
- E. Address: PO. Box 089002 Chicago IL, 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: REDESD  
Title: COORRECTIONAL OFFICER  
Place of Employment: COOK - County Jail
- B. Defendant: TOM DART  
Title: COOK - County Sheriff  
Place of Employment: C-C Dept of Corrections
- C. Defendant: TOD Stanger  
Title: BOARD President  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

which is Discrimination a Hate  
Crime is in affect c/o TEDESCO  
clearly misused His position  
of authority to commit unwanted  
assault c/o TEDESCO AND another  
c/o led me to another elevator  
Then the other inmate that was  
also coming to P.C. AS well  
I WAS LED to a elevator  
that was called Back elevator  
The rear of the South tower  
where PC is located on the 3rd  
Floor I was suppose to be taken  
to my TENG 3-E South But I  
was taken on the Back elevator  
to be Beaten By c/o TEDESCO  
while the other c/o watched I  
was Hit in The Head and Face  
By c/o TEDESCO After the Beaten  
He then led me to my TENG Then  
INformed c/o JORDAN who worked 3-E  
CO-worker what he did to me  
THIS is The 2nd Time This Happen  
to me

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

I would like not only disciplinary action taken to fullest extent of official misconduct I also would like to be compensated for mental & emotional pain & suffering by the Cook County Board, the Sheriff's Office, The Director of the Jail.

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of 16 20 09

ADKISSA

(Signature of plaintiff or plaintiffs)

JOHN ADKISSA

(Print name)

20090015666

(I.D. Number)

PO. Box 089002

CHICAGO IL,  
60608

(Address)

Part-A / Control #: RECEIVED

Referred To: Supt Div 9

☒ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Butler First Name: Victor

ID #: 2008X0801 Div.: 9 Living Unit: 5 Date: 5/16/09

BRIEF SUMMARY OF THE COMPLAINT: On 5/16/09, I was

scolded by a staff member for not having my

cell cleaned. I was told that I had to clean

my cell by 10:00 AM. I was told that if I

did not clean my cell, I would be in

trouble. I was told that I would be

in trouble if I did not clean my cell

by 10:00 AM. I was told that I would

be in trouble if I did not clean my cell

by 10:00 AM. I was told that I would

be in trouble if I did not clean my cell

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Tina

ACTION THAT YOU ARE REQUESTING: I am requesting that I be

placed in a different cell. I am requesting

that I be placed in a different cell.

DETAINEE SIGNATURE: Victor Butler

C.R.W.'S SIGNATURE: V. Butler DATE C.R.W. RECEIVED: 5/26/09

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.

X

2007



## DETAINEE GRIEVANCE

**Detainee Last Name:**

First Name:

ID #:

Div.:

Living Unit:

Date:

**BRIEF SUMMARY OF THE COMPLAINT:**

Some of the basic constitutional rights of human and due process and equal protection as well violated. The code of chemical placed in 725 treatment while the Cuban Americans effectively are still in isolated state. One of the reasons for this is that the

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

**ACTION THAT YOU ARE REQUESTING:**

**DETAINEE SIGNATURE:** *[Handwritten signature]*

**DETAINEE SIGNATURE:**

C.R.W.'S SIGNATURE:

DATE C.R.W. RECEIVED:

*Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.*

Part-A / Control #: 209 X

Referred To: Supervisor

☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: KISSON First Name: DAVID

ID #: 001 - 00101010 Div.: 980 Living Unit: 1 Date: 7/20/09

BRIEF SUMMARY OF THE COMPLAINT: I was disciplined for being out of my cell for 10 minutes on 7/13/09. I was disciplined for being out of my cell for 10 minutes on 7/13/09. I was disciplined for being out of my cell for 10 minutes on 7/13/09.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Detainee David Kisson

ACTION THAT YOU ARE REQUESTING: Reinstatement of my position

DETAINEE SIGNATURE: [Signature]

C.R.W.'S SIGNATURE: [Signature] DATE C.R.W. RECEIVED: 7/20/09

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

☐ Processed as a request.

# COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: AND KILSON First Name: JOHN  
ID #: 2007-00156666 Div.: 9th Living Unit: 207 Date: 6/1/09

[illegible]

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

**ACTION THAT YOU ARE REQUESTING:**

**DETAINEE SIGNATURE:**

C.R.W.'S SIGNATURE:

DATE C.R.W. RECEIVED

*Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.*



Part-A / Control #: ALX 97

Referred To: Div 9

☐ Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ADKISSON First Name: JOHN

ID #: 2009-0051066 Div.: 9th Living Unit: 323 Date: 6/1/09

BRIEF SUMMARY OF THE COMPLAINT: on 5-11-09 C/O Kelly

and C/O [unclear] with [unclear] [unclear]  
and [unclear] came in to [unclear]  
down C/O [unclear] [unclear] They  
will [unclear] my life and [unclear]  
the [unclear] co-workers [unclear]  
my [unclear] [unclear] [unclear]  
[unclear] [unclear] it [unclear]  
[unclear] [unclear] [unclear]  
[unclear] and [unclear] [unclear]  
[unclear] it my self

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

would like to be transferred  
out of Div II 9

DETAINEE SIGNATURE: ADKISSON

C.R.W.'S SIGNATURE: V. Butler

DATE C.R.W. RECEIVED: 6/19/09

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.